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SLOUGH BOROUGH COUNCIL

Title: Berkshire Healthcare Trust Inpatient Services – a review of the Public Consultation held between August 2010 and December 2010 - A report produced by the Slough Borough Council Task and Finish Group

To: Health Overview and Scrutiny Panel

Date: 22 June 2011

From: Naveed Mohammed, Scrutiny Officer, on behalf of the Task and Finish Group

This paper forms the formal response of Slough Borough Council's task and Finish Group regarding its investigation into the consultation on the proposed re-location of mental health inpatient services.

The paper begins with an brief summary of the background to the formation of the Group, its terms of reference and it's broad intention. The second half of the paper details the process of the investigation including the key areas of focus and the direction of inquiry. The paper finishes with the formal response and judgement of the Group.

1. Background

- 1.1 Berkshire Healthcare NHS Foundation Trust (BHFT) launched a Public Consultation in August 2010 on the future of Inpatient Mental Health services in East Berkshire. The background advised by the Trust was as a result of financial savings it needed to male. Three options were put forward for consideration:

- Option 1** All beds to be relocated to Prospect Park Hospital in Reading
- Option 2** Beds for older people to be at St Mark's Hospital in Maidenhead and for working age adults in Prospect Park
- Option 3** To continue with the decision reached in 2008 of a new purpose-built unit on the existing Upton Hospital site

- 1.2 The results of the Public Consultation were published in February 2011 with the Trust recommending Option 1 for final ratification by the Board.

"That decision has now been made with both Boards having first had sight of the outcome of the Public Consultation and the opportunity to consider other information pertinent to a decision. Both Boards understand that Option 3 is unaffordable in the current and future economic environment."

- 1.3 Health Scrutiny members have followed this issue closely over the last two years and find a lack of transparency and detail in the Public Consultation paper. Further, the impact upon and benefits to the community have not been made clear. A full justification for the removal of services in Slough and East Berkshire and how BHFT would manage proposed changes in order to ensure minimal impact to service users and their carers has not been made

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clear including the exact impact on the number of beds and the displacement of associated transport arrangements. Once the outcome of the Public Consultation was advised, it has not been made clear why, when the results of the Dr Foster Intelligence proved that option 3 was the favoured option amongst the population of East Berkshire, this was not considered to be one of the main and overriding factors.

- 1.4 Following the Trust's announcement on 21 March 2011, Slough Borough Council's Health Scrutiny Panel resolved that further detailed scrutiny was required. The recommendations from the Panel were:
- (a) That the Health Scrutiny Panel rejects the decision of the Board and recommends that it does not proceed with the Trust's preferred option to progress the Outline Business Case on Option 1 (i.e. that all beds be relocated to Prospect Park Hospital in Reading),
 - (b) That an Independent Working Group (Health Scrutiny Task and Finish Group) be set-up which should include appointed Panel Members, representatives of the Slough Local Involvement Network (LiNK) and other similar parties. That the Group should seek the views of local people and other relevant stakeholders (including GPs) and whether the evidence used by the Board in reaching its decision was fair and accurate.
 - (c) That subject to the findings of the Task and Finish Group, the matter may be referred to another person or body which may or may not include The Secretary of State for Health, Andrew Lansley MP.

2. The Task and Finish Group

2.1 Membership

The Task and Finish Group ('the Group') was established on 19 April 2011.

Membership of the Panel comprised

Councillor Julia Long (Chair)
Councillor David MacIsaac (who assumed co-optee status after 5 May 2011)
Councillor Roger Davies
Colin Pill (Slough LiNK)
John Kelly (Slough LiNK)

Policy support was initially offered through Andrew Millard and Sunita Sharma of Slough Borough Council and subsequently Naveed Mohammed, Slough Borough Council's Scrutiny Officer.

2.2 The Scope

- 2.2.1 To ascertain whether the Public Consultation, during which it is felt BHFT had clearly favoured Option 1 (moving to Prospect Park), was conducted in the best interest of patients and the local community or whether BHFT had pursued another agenda which may suit their own strategic long-term aims.
- 2.2.2 It was suggested that the Group focus on the rationale and financial reasons behind the Public Consultation and the resulting proposals as opposed to

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some of the minor detail. The actual scope of the investigation sought to investigate amongst other things

- 1) The actual income BHFT received in both 2009/10 and 2010/11 as this was not clear in the Public Consultation document?
- 2) How BHFT forecast (and whether they have accurately projected) their income for the next three years as outlined in the Public Consultation document particularly as these were made before the Comprehensive Spending Review in October 2010?
- 3) Whether the projected savings outlined in the Public Consultation document still need to be made?
- 4) How much spending BHFT made in 2009/10 and 2010/11 on mental illness services and their projected spend over the coming three years?
- 5) Whether the rationale put forward for the Public Consultation is sound in the light of announcements made by the Government and, in particular, The Chancellor of the Exchequer.
- 6) Whether the extent of the impact of relocating services to Prospect Park was clearly explained and considered fully in the Public Consultation response by BHFT?
- 7.) To explore the rationale behind BHFT's preference of Option 1 as favoured by BHFT's board and a BHFT appointed Professional Advisory Committee in the consultation findings. The Group aimed to explore what clinical, local and independent guidance had been sought.
- 8.) Whether, as a result of recent announcements made by The Chancellor of the Exchequer and subsequent detail from HM Treasury, there is any validity in the outcome of the Public Consultation?
- 9) Whether in the light of all of the above, the outcome be accepted, rejected, changes proposed or whether the Group is unhappy about the whole fundamental principal and refers the matter to another party, most likely The Secretary of State for Health,

2.3 Type of Review

- 2.3.1 The review opted for a short, sharp focused approach with the aim of presenting its final findings by 22 June 2011. The study used both a quantitative and qualitative research methodology.

The evidence gathering process comprised

- Submission of direct questions to Berkshire Healthcare Trust via a Freedom of Information Act 2000 request submitted on 26 April 2011.
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- Analysis of Berkshire Healthcare Trust's Quality Accounts for 2009/10 and 2010/11.
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- The submission of a letter to Philippa Slinger, Chief Executive of Berkshire Healthcare Trust dated 12 May 2011, seeking answers to specific questions.
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- The submission of a letter to Dr Jim O'Donnell, (at the time Practice Based Commissioner for Slough now a member of the Slough GP Consortium) on 16 May 2011.
- Utilising Evidence uncovered and supplied by Slough LINK and other parties

The Group held its first meeting on 19 April 2011. Two further meetings were held on 17 May 2011 and 31 May 2011 to progress, monitor and complete the Review.

2.4 The health related aims of Scrutiny

The Health and Social Care Act 2001 scrutiny provisions allow Local Authorities via their scrutiny committees/panels to review any matter relating to the planning, provision and operation of health services within the area.

3. The Findings

- 3.1 A key thrust of the investigation focused on the funding assumptions inherent within the BHFT position, the rationale and choices put forward in the Public Consultation document provided and whether the true extent of the impact on local service users had been considered and made clear in that document. In response to a question on funding and the requisite efficiency savings needed, BHFT's response cited the following

'The Trust estimated a 4% p.a. efficiency saving requirement...The Comprehensive Spending Review subsequently confirmed that NHS service providers need to generate minimum efficiency savings of 4% p.a. to contribute to the £15-20bn NHS funding gap'

- 3.2 Further in responding to the question on where funding was to be drawn from to pay for any new build at the Upton site, BHFT confirmed that this was to be funded via a new Private Finance Initiative (PFI).

- 3.3 The Task and Finish Group fully appreciate the fact that efficiencies have to be made. However, despite this, a discrepancy in the argument put forward by BHFT remains. Whilst the Group notes that Option 3 (new build at Upton) would require entering into a PFI agreement, the relocation of all services to Prospect Park would itself require a £4.9 million injection of money. The use of these resources would arguably have a much greater short-term impact on BHFT's finances. Further, whilst the Group appreciates the need to factor in a number of other considerations before formally entering into a PFI arrangement, the Group remains convinced that Option 3 is a suitable option at the present time, particularly as, in the current economic climate, there is a strong possibility that a PFI agreement could be reached which has preferential terms than would have been enjoyed previously in 2008. Further, the Group suggests that the need to make efficiencies could be considered in the under-utilised Prospect Park Hospital rather than concentrating the need to make efficiencies savings by removing services from the east of the county.

- 3.4 In response to the Professional Advisory Committee assertion by the Trust that "Option 3 would not be the best option for the Trust or users of our service because of the potential impact on community services", the Group remains unconvinced also. As any funding for Option 3 would be drawn via a PFI arrangement, the anticipated impact on existing community services would be of limited impact, of any at all.

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- 3.5 The outcome document advises that one of the key reasons BHFT reached the decision it did was due to advice received by the 'Professional Advisory Committee'. BHFT states that at the Committee's meeting on 2 November 2010 the following response was received
- "We are required to give a collective response from the Professional Advisory Committee (PAC) to the Trust Board on the three options...Option 1 is the preferred choice of the PAC group. This gives the Trust the best Clinical Option"
- 3.6 However whilst not challenging the integrity of the PAC or any of its members, the Group does question the impartiality of the PAC in this matter and the general clinical advice received. BHFT's response makes clear that a substantial proportion of the clinical advice received was either from in-house clinicians drawn from BHFT's services for older people or from the PAC whose status itself was not made completely clear in the Public Consultation process. This is particularly so when there is a distinct possibility that an individual responding would be confused regarding the objectivity of the advice being made.
- 3.7 Whilst earlier responses received from BHFT make clear that engagement of the GPs would be pursued via the PCT route (and feedback reported in the Public Consultation response), the responses received to the Freedom of Information Act 2000 requests made is unclear as to what efforts were made towards GP engagement as well as the exact position and preference of GPs. This former point was reinforced by a response received subsequently from Dr Jim O'Donnell at a public Slough LINK meeting. The Practice Based Commissioner for Slough asserted that the GPs clinical point of view was not sought during the Public Consultation at all. Further, and arguably more importantly, the preferred option of those clinicians appears to be contrary to statements made by the Trust when they portray clinician's views. What the clinicians actually suggested, in order of preference, was:
1. A new purpose-built facility at Upton Hospital
 2. A new and/or revamped facilities at Heatherwood or Wexham Park Hospitals
 3. Another provider of the services (other than BHFT)
 4. The last option was to relocate to Prospect Park
- 3.8 Therefore, it would appear that the Trust has misrepresented the views of clinicians.
- 3.9 Of the first two options put forward by local clinicians, these were based on the needs and views of Slough patients. Dr O'Donnell has made it clear that if these were not financially viable, then the third option of another provider other than BHFT would be the most suitable alternative. The option to relocate to Prospect Park was the least preferred of any option. This alternative clinical perspective also sits in stark contradiction to that of the limited number of in-house clinicians BHFT consulted.
- 3.9 The Slough LINK received information from the CEO of Heatherwood & Wexham Park NHS Trust (H&WP) that stated that they made plans post 2013 to close wards at H&WP after BHFT gave notice they would be vacating wards after their 2008 inpatient consultation. The CEO at H&WP publicly

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stated that her trust never issued notice to BHFT to vacate premises leased from H&WP. What has, therefore, effectively transpired post 2008 is that, having received notice from BHFT, H&WP sought to re-use the soon-to-be-vacated premises in Wexham thus effectively precluding the possibility of BHFT retaining services there long-term. The further question this raises is why, having undertaken another Public Consultation in 2010, BHFT had not approached H&WP, prior to the Consultation, to explore the option of newly revamped facilities at localities provided by H&WP. After all, this is the favoured option of Slough GPs but was not considered in the ensuing Public Consultation. It appears, therefore, that the exclusion of Option 4 (which was a continuance at the H&WP sites) was, arguably, a pre-emptive move by BHFT when it formally gave notice in 2008 to vacate premises. The omission of Option 4 from the Public Consultation is further complicated by the fact that a significant investment will need to be made to Prospect Park to make it suitable for taking patients from East Berkshire. If £4.9m will be needed as an investment into Prospect Park, why cannot BHFT use this money to invest in and provide high quality services at H&WP?

- 3.10 We believe the Dr Foster Intelligence Transport Survey was not considered properly or portrayed accurately in the Public Consultation. Although the Trust did engage in a transport survey, this was not until the public consultation was underway. The findings of which were detailed in the Public Consultation findings in 2011 but not in the original consultation document in 2010. The revised findings have never been considered or made available publicly. So, a further question remains as to why the Public Consultation was not delayed and the results of the second survey not made available for the public to consider. There have been and remain serious concerns raised by the people of Slough and East Berkshire generally regarding the travel time and cost by car to Prospect Park. Carers and families wanting to visit patients would be effectively prohibited especially via public transport. Those driving would also face the issue of limited parking *and associated parking charges (BHFT have stated the parking is currently free so I don't think this should be included as its easily shot down)*. Whilst a sum of money was put aside for transport reimbursement, no details were put forward on how this money would be used for the public to consider in the Public Consultation. Although this has since been minuted through a subsequent investigation, those involved in the Public Consultation are no wiser. In fact, the process of reimbursement itself was potentially complicated given its means tested nature and the problem of transport has been further accentuated by the steep rise in fuel costs and the failure to adequately consider issues surrounding carbon footprint and wider sustainability targets which have to be met.
- 3.11 Finally, the response also questions what arrangements were made for the conducting of the requisite Equalities Impact Assessment ("EIA") and how it is not clear what the outcomes are. The Group recognises that an EIA was conducted but it was not fully considered and detailed in the Public Consultation response document, which it should. More importantly, the Group questions what measures the Trust took to mitigate the potential impacts of each of the options in the Public Consultation, which has not been answered satisfactorily.

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4. Conclusion and Recommendations

- 4.1 The intention of this Review undertaken by the Group and the points made in this paper have focussed on three crucial concerns, namely
- assumptions made regarding the future funding situation faced by BHFT
 - the timing and genesis of the decision to vacate the Heatherwood and Wexham Park premises
 - the impartiality of advice being received by BHFT and from how wide a pool such advice was sought
- 4.2 In all three regards, the Group remains wholly dissatisfied by the responses received by BHFT. Whilst the future funding faced by BHFT and the NHS more broadly remains challenging, the financial arguments posited for relocating services to Prospect Park lack persuasiveness. In particular, NHS budgets have risen and continue to rise and are not being cut plus the current Government has stated that one area where it requires Trust's to focus on clinical excellence is mental health services. This contrasts with the Trust's assertions that cuts need to be made and in this area. Therefore, although a new purpose-built facility at Upton Hospital would require a PFI arrangement to be agreed, this is certainly not unfeasible and does not appear to have been investigated fully. Secondly, and perhaps more importantly, the very fact that a move to Prospect Park would require an outlay of some £4.9 million means that, at least in the short-term, the Trust would have to incur considerable cost over and above any money that could have been diverted into improving facilities at the Heatherwood and Wexham Park sites.
- 4.3 The Group has neither seen nor received any firm, clear evidence that a move is a requirement. Also, there is no evidence to suggest that a move is being 'forced' upon BHFT. Indeed, quite the opposite, as it would appear that BHFT served notice on H&WP thus pre-empting the possibility that inpatient mental health facilities could not be retained on the existing sites over the long-term. Once notice was served and H&WP set about with the process of re-allocating their own facilities internally, the wheels for an eventual and inevitable move to Prospect Park were, effectively, set in motion. Although we recognise the need to improve the existing services and facilities at Wexham Park Hospital no attempt has been made by BHFT, prior to the consultation, to investigate improving facilities at Heatherwood or Wexham Park.
- 4.4 Finally, the Group remains concerned regarding the non-use of truly impartial and independent clinical advice. Advice received and used to justify the move has primarily been sought from in-house BHFT clinicians. Whilst the Group makes no comment on their views, the Group feels that in an attempt to conduct a robust, meaningful and transparent Public Consultation, BHFT should have sought input and advice from a wider sphere of clinicians and, in particular, those associated with local patient.. Ironically, such an important exercise was not undertaken. Further, where independent clinical advice was obtained, for instance via local GPs, this does not appear to have been actively pursued and eventually inaccurately portrayed. In the absence of such advice, it is felt the decision making process is fundamentally flawed and remains in doubt.
- 4.5 Without hesitation, the Group finds and recommends

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1. The Slough Borough Council Health Scrutiny Panel and the overarching Overview & Scrutiny Committee **rejects** the findings and outcome of the Public Consultation and **suggests** that, at the very least, requests a new independent, impartial Public Consultation be undertaken that contains a full and open range of options particularly as:
 - a.) The choices for the public to consider were not the full extent of options really available to BHFT
 - b.) Local and a wider sphere of impartial clinicians have not been consulted during the process of the Public Consultation particularly as it would appear that neither NHS Berkshire East nor BHFT have considered such GP feedback
 - c.) The arguments put forward in the consultation are potentially misleading and outdated
2. That Slough Borough Council's Health Scrutiny Panel **recommends in the strongest terms that the Council's Overview & Scrutiny Committee refers this matter to The Secretary of State for Health, Andrew Lansley MP**, advises him of the severe misgivings the Group has and requests a thorough investigation is launched as to whether those who conducted the Public Consultation did so in the best interests of the public, in the best interests of clinical excellence, in the best interests of spending public money most effectively and in the spirit of and guidance subsequently received from HM Treasury. .
3. That BHFT is **requested formally** to seek independent advice regarding the exact costs of a new purpose-built facility at Upton Hospital.
4. That if cost of a new purpose-built facility at Upton Hospital is independently assessed as unaffordable, that it is **formally placed on record** that an improved and enhanced service provided in conjunction with Heatherwood and Wexham Park Foundation Trust be considered.
5. That an independent body **investigates further** the transport impact of any moves and/or relocations including the extra financial, practical and environmental (e.g. carbon emissions) and the difficulties these pose for patients.
- 4.6 Finally, as **serious questions remain** surrounding the whole of the conduct from beginning to end of the Public Consultation, the Group stresses the outcome remains **fundamentally flawed**.
- 4.7 Throughout this whole process, the key consideration for the group has been on protecting the interests of Slough patients. It remains the case that given the diversity and demographic profile of Slough, the mental health needs of Slough resident's remains considerably greater, both in absolute terms and relative to its Berkshire peers. Whilst considerations on finance are always important, especially in the current climate, it is the needs of patients that should be the foremost concern. It is the view of the group that these considerations have not been foremost in this consultation. Indeed many of the arguments for moving services from East Berkshire cut against the grain of the NHS Constitution and the government's policy on Patient Choice.

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- 4.8 Finally, with question marks surrounding the conduct of the consultation, whether this relates to the choice of options being pursued, the advice used to inform the public and decision making process or the extent to which views garnered in the consultation were factored into any final considerations, the whole premise of the consultation remains flawed.